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ORIGINAL DEPARTMENT.

Lectures.

LATERAL CURVATURE OF THE SPINE.

By PROF. LOUIS BAUER, M. D.

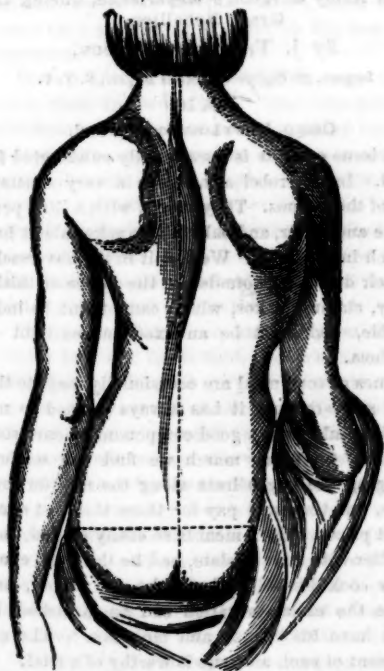
Of Brooklyn, N. Y.

Scoliosis.

[Continued from page 2]

The third degree (Figs. 67, 68,) is already

Fig. 67



characterized by anatomical changes and various consecutive deformities concerning the trunk. The latter, it will be perceived, does not incline as much to one side as in the second degree, owing to the proportionate compensation through the lumbar curve, yet the contours of the thorax are materially altered, the respective angles of the right ribs are lessened and in degree more prominent,

in consequence of which the shoulder-blade has been displaced at its lower angle and assumed an oblique position; whereas, in front the ribs recede from the sternum and are flattened. The articulations of the vertebræ are rigid, almost ankylosed, and the most powerful extension fails to correct the curvatures.

The fourth degree represents the final result of progressive scoliosis habitualis, beyond which there can scarcely be a greater aggravation.

Fig. 68.



Fig. 69.



Fig. 69, shows the appearances of the preceding diagrams, but more extended. The anatomical character we have brought under your notice under the pathological head to which we refer you.

Fig. 70.



Figs. 70, 71, 72, represent cases from our own practice; Fig. 72, being the front view of the preceding.

Fig. 71.



Fig. 72.



As regards the prognosis of lateral curvature,

we have to take our guidance from both clinical experience and pathological anatomy.

As long as the flexibility of the spine exists, and the hand or mechanical means are still effective in correcting the deviation, there is possibility in diminishing or even removing the trouble by a proper and persisting treatment. The results of your effort depends, however, to a considerable extent, upon the patient. With her faithful co-operation alone, you can count on reasonable success, and hence, the character of your patient should be embraced in your prognostic calculations.

The third and fourth degrees of scoliosis are positively precluded from amelioration, for reasons which we need not detail. All you may accomplish in the third degree is to check its advance by appropriate means.

Communications.

ROUGH NOTES

Of an Army Surgeon's Experience, during the Great Rebellion.

By J. THEODORE CALHOUN,

Surgeon, 5th Regiment, Excelsior Brigade, N. Y. V.

No. 16.

Camp Diarrhoea—continued.

An issue of flour is occasionally substituted for bread. In the rebel army it is a very constant part of the rations. They mix it with a little pork grease and water, and bake it into cakes about half an inch in thickness. We find it in the haversacks of their dead and wounded in the shape of thick, heavy, clammy cakes, which cannot but be indigestible, and must be an excellent excitant of diarrhoea.

Issues of corn meal are occasionally made to the rebel soldiers, and it has always seemed to me that it would form a good component of our army rations. On every march we find the soldiers besieging the negro huts along the road for corn cakes, and they will pay for them the most exorbitant prices. Corn meal is so easily cooked, that a soldier with his tin plate, had he the meal, could easily cook himself a hot cake for supper, and where the molasses ration can be furnished, he could have his "mush and molasses." The experiment of such an issue is worthy of a trial.

Sutler's trash causes many diarrhoeas. The staple articles with sutlers are canned soups, meats, vegetables, and fruits, and a sort of molasses cake, of which they sell immense quantities. The canned soups and beef essences are sometimes very good, and quite palatable for a little while; if used frequently they soon cease to be so. Some of the fruits and vegetables are excellent, but

many of them are badly preserved and unwholesome. The canned lobster is particularly unfit to eat; fresh lobster is noted for its tendency to produce cholera morbus, and when preserved in cans it is pretty certain to make those sick who eat it. Salmon is perhaps one of the best articles thus preserved. It relishes very well with a hard cracker, and seldom affects unpleasantly the digestive apparatus.

Sutlers are a nuisance, a sort of necessary nuisance. Without a sutler, officers and men would be deprived of butter, pepper, and various other little luxuries, which can be obtained in no other way. At the same time convalescent patients will often make themselves sick again with sutler's trash; and "rot-gut" whiskey is too often sold in defiance of all orders and penalties, and at prices which would seem incredible to civilians. I have known the most villainous whiskey sold at five dollars a canteen, (three pints,) and well watered at that. A sutler can be placed under proper restrictions and many of the evils complained of can be abated, but even then it is almost impossible for the sutler's sales to have other than a detrimental effect on the health of a regiment.

Malaria is even a more frequent cause of diarrhoea than improper food. The Chickahominy diarrhoea has given to the swamps of the Peninsula a reputation, as generators of disease, which is well nigh world-wide. I opine that there are but few of your readers who have not had a tilt with some inveterate case of diarrhoea, acquired in the pestilential marshes, which are a better protection to the capital of Rebeldom than all its laboriously constructed fortifications.

The pestilential gases exhaled from the illy buried dead of a battle field, the exhalations from decomposing filth and garbage, or stagnant pools in the neighborhood of camps, badly kept sinks, illy ventilated or crowded tents, and in short, any thing that will reduce the vital forces and bring about a state of depression, will engender diarrhoea. Long and fatiguing marches, especially under a hot sun, exposure to sudden changes of temperature, to rain and cold, want of sleep, will therefore cause diarrhoea, and even mental depression has its influence. A defeat or reverse of our arms, and home-sickness, are not without their effect.

Water loaded with organic matter, or otherwise impure, is probably responsible for a very large proportion of our diarrhoea; and even when pure, if drank in immoderate quantities the same effect is produced. It is astonishing what a passion soldiers have for drinking water, and this excessive use generally produces diarrhoea. It is a very noticeable fact, that the longer soldiers are in the service the less water they drink.

It too often happens that the only drinking water procurable is surface water, loaded with organic impurities and offensive in color and taste if not in odor. Diarrhoea will be the inevitable consequence of drinking such water.

It is the universal belief among soldiers that a well man can contract diarrhoea by defecating at a sink used by patients afflicted with that disease, and I believe that this idea is well founded. I have never been able to prove it by actual, conclusive experiments, but all my experience has gone toward confirming that idea.

If the causes of the disease are so varied, the symptoms are almost as much so, yet so constant that there is never any difficulty in the diagnosis. By the term Camp Dysentery the disease should be more properly known, as what may be at first a simple diarrhoea may at any time take on the termina and tenesmus with bloody or purulent evacuations.

In the majority of cases the disease commences as a slight diarrhoea, without any premonitory symptoms or constitutional disturbance. Occasionally there is headache or nausea antecedent to the diarrhoea; more generally the disturbance of the system follows rather than precedes the diarrhoea, and in the majority of cases it is altogether absent. As the disease progresses, the febrile symptoms, if there are any, subside, and the discharges from the bowels increase in number but decrease in quantity. Tenesmus becomes a most prominent symptom. The discharges which were at first of a natural color, or perhaps greenish, clay color, whitish, or sometimes black, now usually become almost colorless, being "glairy" and resembling in color and consistency the white of an egg. Perhaps not more than a tea-spoonful will be passed after half an hour's straining, or the discharges are stained with blood, or composed of entirely clear blood, or of frothy blood of florid arterial color, resembling the blood in a case of hæmoptysis. In other cases the discharge is clearly purulent or muco-purulent. In short, there is not a shade of color, or hardly a degree of consistence, from hardened scybala to the limpid, watery discharges, that will not be met with: the clay colored, albuminoid looking, and bloody discharges, are the most generally seen.

The patient loses his appetite, eats almost nothing, yet "hankers after," to use the camp phrase, almost every thing he sees or hears of, which, when obtained for him, he cannot eat. He wants to drink all the time; thirst is usually quite a constant symptom. Occasionally there is pain in the abdomen, and not unfrequently a little tenderness on pressure over the liver, with fugitive pains throughout the limbs. There is usually little or no headache. Sleeplessness is sometimes

observed, but is by no means a constant symptom. The tongue is furred, and toward the latter stages of the disease is often brown or black, with sordes about the gums and teeth, and dry, brown, hardened or often cracked lips. The urine is commonly scanty and often high-colored.

As the disease progresses emaciation ensues; the patient gets thinner and thinner until he is but a shadow of his former self. His face is of a cadaverous hue, with cheeks and eyeballs sunken. His gait is tottering and uncertain, like that of a palsied old man. The discharges are extremely frequent, sometimes numbering twenty, thirty, fifty or more in the twenty-four hours. If no relief occurs death closes the scene.

A vast majority of cases of Camp Dysentery are cured by some simple remedy or by the removal of the cause, or get well by a change of air or scene. Some cases run their course in a few weeks; the majority continue for months, and some, I believe, even for years. It is emphatically a slow, tedious disease.

There is a great tendency to relapse. After having ceased for a week or two it recurs with the same severity: this is the worst feature of the disease. A man who has once had Camp Dysentery badly, is never safe from an attack of it. When he is in perfect health and when he is least expecting it, he will be taken down and in two or three days will be having twenty or thirty discharges a day.

It is a noticeable fact, and a most unfortunate one for the patient, that when originally seized with the disease its progress is slow, but the recurrent attacks assume in forty-eight hours a severity that the original one took several weeks to arrive at. After a severe attack of Camp Dysentery a soldier can never be relied on. The fatigue of a forced march, or exposure to any unusual change of temperature, will put him on his back again. How long this relapsing tendency remains, future years will determine; many of our Mexican volunteers, as I have heard, have suffered and died with it years after their first attack.

Severe Camp Dysentery, in patients predisposed, either by hereditary taint or otherwise, to tubercular deposit, is almost sure to develop phthisis. This will not be wondered at when the causes of Camp Dysentery and their habits are noticed. I am every day seeing men with phthisis pulmonalis who had no symptom of the disease before attacked with diarrhoea. The particular form seen most frequently is that known as "Galloping Consumption," and it can be easily understood that with the reduced state of system the patient cannot long bear up against the two diseases.

I have noticed that negroes are seldom attacked with Camp Dysentery. I had for several months

a camp of contrabands under my charge, and since then, have attended not a few of them in the every day routine of practice, and I can recall but very few cases of dysentery amongst them. I do not remember a negro ever dying with the disease. The exemption of the negro from malarial fevers is proverbial, and it will be worthy of note by those who have camps of contrabands placed under their charge, if their experience corresponds with mine. The negroes that I attended were certainly exposed to all the influences that would produce dysentery in white men. Those surgeons who shall have charge of the negro regiments about to be put in the field, will easily determine whether their men are exempt from this curse of armies. I have found, however, that typhoid pneumonia is very prevalent among the contrabands of our army, and of the two diseases the Camp Dysentery is to be preferred.

THE PRE-TUBERCULAR STAGE OF PULMONARY TUBERCULOSIS.

By A. P. DUTCHER, M. D.,

Of Enon Valley, Pennsylvania.

That there is such a stage of this malady as the pre-tubercular, will not be denied by those who regard phthisis as a constitutional disease; that there are symptoms and physical signs indicative of this peculiar condition of the system, sufficiently marked to be of practical value, will not be so readily admitted.

It is common with many to overlook the lesser symptoms of the constitutional disorder and seek those which belong to the local lesion, and if there be no evidence of local disease, they give a favorable prognosis, and dismiss the patient with some trifling prescription in no way calculated to meet the indications of his case. His disorder is thus suffered to progress until the lungs become hopelessly involved, and little if any benefit can be derived from medical treatment.

I am aware, that the great majority of phthisical patients do not apply for advice, until they have passed beyond the precursory stage of the disease, and it is not very often that we have the opportunity of carefully studying their symptoms; but, I am satisfied from my own experience, that there are certain symptoms, which belong to the pre-tubercular stage of this disorder, and which are generally very manifest, and may be of great practical value in lessening the mortality of this most fatal malady. I am acquainted with several who, I firmly believe, would have been in their graves, if it had not been for the timely detection of their disorder at this stage, and the employment of remedies to counteract it.

Before proceeding to describe the symptoms,

let us specify what we mean by the *pre-tubercular* stage. Authors commonly describe three stages of phthisis, namely: the stage of deposit, the stage of softening, and the stage of expulsion. That which we describe precedes the first, it is that *antecedent morbid condition of the general system which precedes the local development of tubercles*; a state eminently characterized by some special degenerative changes in the blood, which render it unfit for normal nutrition and the maintenance of healthy action in all the tissues of the body. In some constitutions this blood dyscrasia is more marked than in others, so much so, that death will occur before the local lesion has made serious progress; every physician, who has had much experience and has been in the habit of making post-mortem examinations, must have seen cases of this description; the patient succumbs to the constitutional malady. When this dyscrasia is present in a very slight degree it will produce derangements in the various organs of the system, which cannot fail to attract the attention of every careful student of the laws which govern the human body in health and disease.

PART I.

General Symptoms.

In the pre-tubercular stage of phthisis the general symptoms commonly presented are as follows:—

The countenance is dejected; the eyes are dull; the lips have lost their cherry red, and when the cachexia is very decided they incline to purple; the complexion is sallow; and the hair of the head is very dry. The pulse is accelerated and the respiration is hurried, and very much increased in frequency by even moderate exercise. The appetite is variable; and the bowels frequently out of order, sometimes costive, but more frequently relaxed; in the latter case there are commonly symptoms of indigestion, and the food, although frequently taken in sufficient quantities, is imperfectly assimilated, consequently, the muscles become flabby, the body emaciates slightly, its weight is materially lessened, and the patient complains of a want of strength and ability to engage in any of the active pursuits of life.

The excretory functions are generally very imperfectly performed, with the exception of the skin, which is more active than common, yielding an increased quantity of perspiration, which reduces the temperature of the body; hence the patient complains at times of chills, flushes of heat, cold hands and feet. They always require an extra amount of clothing to maintain a comfortable degree of warmth, and are very sensitive to changes in the weather. They also frequently complain of thirst, dryness, and sometimes a

burning heat in the mouth and throat, with a feeling of soreness about the larynx, and the slightest external pressure in this region will excite coughing. On inspecting the throat, the tonsils will sometimes be found slightly enlarged and the mucous membrane of the pharynx very red and dry. In some cases the patient is troubled with aphthæ upon the tongue, cheeks, and lips; a sure sign of approaching phthisis in the adult, particularly when it is habitual. In the great majority of cases, even at this early stage, Thomson's gingival margin will be found clearly defined upon the gums—an outstanding sign of the tubercular cachexia. Although every other sign of the malady may be absent, we need not hesitate a moment, to pronounce the case tubercular if this streak be upon the gums.

Patients suffering under the pre-tubercular stage of phthisis, sometimes complain of pain in the chest, and palpitation of the heart. The pain is usually neuralgic in its character, wandering from one locality to another, sometimes in the side, sometimes just under the sternum, then again between the shoulders or under the scapula, but never very intense. There is not unfrequently considerable tenderness along the dorsal vertebrae. The palpitation of the heart is ephemeral, and is commonly produced by sudden changes in the position of the body or strong mental emotions. Several years ago I attended a very intelligent lady who died with phthisis, who informed me that the very first symptom of ill health that she felt, was a slight palpitation of the heart, while she was engaged in her usual domestic duties, and that it was but a very short time after this, when she commenced having more threatening symptoms of her disease. The heart is commonly more active than in health, and the reason for it is to be found in a great measure in the deteriorated quality of the blood, thus imposing an extra burden upon the circulating organs to convey it to the ultimate tissues of the body.

In most all of these cases there is a slight cough, sometimes dry, but more frequently attended with expectoration. When the bronchial tubes are very much irritated the expectoration will be copious, where this is not the case it will not be very much. The prevailing character of the expectoration is mucous; at first it may be glairy mucous, and when dry it will shine like silver; if the blood malady has made any considerable progress, it will be slightly viscid, frothy, and faintly yellow. And when carefully examined by the microscope, it will be found to contain withered pus-corpuscles, and shrivelled nuclei. In one instance I detected these products in the sputum of a tubercular patient, two years before there was a single physical sign, to indicate the presence of the local

lesion. The presence of the withered cells and shrivelled nuclei, are indicative of approaching tubercular deposits in the lungs. They show very clearly, that the blood is rapidly degenerating into that peculiar dyscrasia which must ultimately lead to the development of pulmonary tuberculosis and its destructive sequence.

Hæmoptysis is also a frequent symptom of this stage of the disease. Some writers on phthisis tell us, that hæmoptysis does not commonly make its appearance in this malady, until the tubercular deposits have formed in the lungs. But I have met with cases where it has manifested itself, long before there was a single physical sign of the local disease developed. I have had a woman under my care, for more than ten years, who has the tubercular diathesis very clearly marked, she has a decided proclivity to phthisis, her father and mother having died with the disorder. During the time mentioned, she has had several attacks of profuse hæmoptysis, but at no time has there ever been a physical sign of the disease, excepting prolonged expiratory murmur, and that but very recently. Her blood-making organs are very feeble, and her blood is frequently very deficient in its solid constituents; the bronchial mucous membrane delicate, the depraved blood is freely exuded into the bronchia and hæmoptysis is the consequence. That she will ultimately succumb to pulmonary tuberculosis, I have not a doubt.

During the pre-tubercular stage of phthisis in females the menses are usually very scanty or suppressed, but this is not always the case. I have known some instances where they were very profuse, occurring at short intervals, exhausting the patient's strength with the greatest rapidity, and thus greatly adding to the tubercular cachexia. When the menses are suppressed, the patient will sometimes be troubled with leucorrhœa, and its attendants, pain in the back, limbs, and head, with bearing down pains in the lower part of the bowels, with a frequent desire to urinate. The walls of the vagina will sometimes be found very much relaxed, and the uterus slightly prolapsed, and unless the physician is on his guard, he will be very apt to take all these symptoms as the mere expression of some local uterine derangement, while the great constitutional malady, which is the legitimate cause of all these difficulties, will pass unnoticed until the pulmonary organs have become hopelessly involved. We do not believe that uterine troubles are ever the primary cause of tuberculosis, but they may, and indeed do, frequently hasten its development. And in females who have a marked proclivity to this malady, they may sometimes be looked upon as symptoms of that disorder which is to absorb every other.

Such are some of the general symptoms that

frequently present themselves to our view in the pre-tubercular stage of phthisis. With three or four exceptions they are symptoms that are sometimes found manifesting themselves in other forms of disease, and they cannot therefore be regarded as altogether characteristic of this. But in estimating their value, we must study them individually and collectively, placing each one in its proper relation to the other, they will present us with materials, that will form the basis of a very accurate diagnosis of this stage of pulmonary tuberculosis.

[To be continued.]

ELECTRO THERAPEUTICS.

By H. LASSING, M. D.

Of New York.

Stiff Joints.

It is not my purpose to enter into the pathology of this disease, the causes whence it arises being too numerous, but by giving a few cases which occurred in my practice, will describe my method of cure by the application electro-magnetism as an indispensable adjunct to other proper therapeutic measures.

D. W. B., a merchant of this city, aged 35, of a bilious temperament, has been a resident of the Southern States for many years, and subject to frequent attacks of acute articular rheumatism for which he was treated by large doses of calomel, colchicum and strychnia; two years since he found his right knee slightly stiffened, which continued to increase until he came under my care. I found the limb flexed at an angle of about 45 degrees, allowing a very slight movement only, not more than about four inches. The knee was much swollen and painful, the form of the joint was altogether lost, there appeared to be no inflammation in the joint, but a fluctuation could be distinctly felt. I diagnosed movable cartilages, the capsular ligament was so distended with the synovial fluid as to create the fluctuation. By manipulation the cartilage could be placed between the bones, and then if the joint was moved, excruciating pain and sometimes faintness was produced.—The treatment I pursued consisted in the daily application of the direct electro magnetic current through the joint by means of moistened conductors, and also applying the same current through the limb from the hip to the ankle and foot. The joint was bathed with the crude petroleum oil, briskly rubbed with hair cloth, painted with collodion and wrapped in raw cotton saturated with a liniment of petroleum oil, ammonia, opium, capsicum and conium, and this surrounded by oiled silk. Internally the Tr. cinchona, and Hyd. chlorid. in 1-32 gr. doses, and Potassæ iod., were administered. Whenever the

cotton was removed from the joint it was thoroughly wet with perspiration, producing a very sour fetid smell. In about two weeks after this, treatment was commenced, the swelling being to a great extent reduced, passive movement of the joint was added to the treatment, and also effusions of hot water. By these means, the patient was enabled after three months treatment, to walk without any cane, he having at first used two crutches, the cartilage was evidently absorbed, the knee had regained its form, no fluid could be perceived in the joint, and the limb could be moved to all normal positions voluntarily without pain or inconvenience.

PATRICK D., *et.* 28, a patient at the Eastern Dispensary, had dislocated the tibia from the femur, while unloading a vessel, which terminated in a stiff knee. A few weeks before I saw him, he had sustained a fall which very much injured the ankle, caused him to be laid up in an Hospital in splints for several weeks and materially increased the stiffness of the knee. I found much wasting of the muscles of the right thigh and buttock, with almost total immobility of the knee-joint and swelling of the leg. The treatment pursued was the same as in the previous case, and resulted favorably after forty-three days, when patient was discharged entirely cured.

JANE M., a young lady, *et.* 17, by jumping from a high chair dislocated her ankle, which by improper treatment and imprudence on part of patient soon swelled to an alarming extent, an effusion of fluid took place, making any movement of the joint painful. Under similar treatment to the foregoing, recovery speedily took place.

ROBERT A. DEB., *et.* 48, was also a case of stiff knee-joint with fibrous bands forming firm attachments, and under similar treatment, combined with the artificial expansion and contraction of the extensors and flexors by the electro magnetic current, speedily recovered.

Hospital Reports.

PHILADELPHIA HOSPITAL, }
January 31st, 1863. }

CLINICAL SERVICE OF DR. DA COSTA.

Reported by Dr. H. C. Wood, Resident Physician.

PATHOLOGICAL SPECIMEN.

Mania-a-Potu.

The attention of the class was next called to the brain of a man who died of *mania-a-potu* complicated with pneumonia. The membranes and substance of the brain were congested, but not inflamed. There was not an abnormal quantity of fluid in the ventricles, nor was there any effusion at the base. It

was remarked that this brain was very interesting, as showing that the best marked delirium is not necessarily found, after death, to have been associated with inflammation or marked cerebral lesion. In typhoid and typhus fevers, there often exists delirium—perchance low in its type—perchance wild and furious—but constantly augmenting, and sometimes terminating in coma. Autopsy reveals, not an inflamed brain—not a brain ruined by some organic lesion—but one simply congested. The stomach of this man is very interesting, in connection with the case of acute catarrh before the last clinic. It shows the organic lesions of that affection. The mucous membrane is highly congested—more so in some portions than in others—but there are none of the so-called products of inflammation present. The liver is very fatty. This often exists in drunkards, but is by no means restricted to them. The class were then shown another liver, taken also from a debauchee. It was remarkable from the fact that although perfectly yellow with fat, it was greatly indurated. It was in the first stage of cirrhosis.

Dysentery.

The result of the treatment in the case of M. S., who was before the class, with acute dysentery, January 27, was first given. He was discharged cured February 2d. His treatment was not altered from that on which he was placed at the clinic.

The first case presented to-day was H. E. It was remarked that he was before the class January 27th, with dysentery then existent for a month. He is better than then, his stools a little less frequent, and much less bloody and slimy. The tannic acid and opium exerted a very happy influence for awhile, but they have apparently lost their power, and for a day or two the patient has retrograded. This being the case, it would be better to discontinue the treatment and substitute the following:

R. Plumb. acet., gr. xxiv.

Camphore,

Opil, aa, gr. vj.

M.

F. pil. xij. Sig., One four times a day.

Typhoid Remittent Fever, accompanied by Erysipelas.

The next case shown was M. M., German, *et.* 24. He entered the wards January 19. He was then in a low typhoid condition, following, according to his statement, chills and fever. He was troubled with excessive gastric irritability, accompanied with epigastric tenderness and profuse diarrhoea. These have both vanished under treatment. January 24th, he had a bad attack of erysipelas in the face. From this he convalesced, but on the 31st had a second attack. From this he is now recovering. His treatment has consisted in the administration of one ounce of beef essence and one ounce of milk punch (half and half) every other hour, and also the following:

R. Tr. ferri chlorid., f3ij.

Quinine sulph., gr. vj.

Syrupi,

f3vss.

M.

F. Sol. Sig., Half an ounce every two hours.

Locally, the following application was employed:

R. Extr. opil, gr. xij.

Liq. plumb. subacet. dil., f3ij.

M.

F. Sol.

It was remarked: that this man came into the wards in a low typhoid state, with the liver somewhat and the spleen greatly enlarged. Since his entrance, he has had two separate attacks of erysipelas, from the latter of which he is now convalescent. His face is swollen, but the redness is gone and the skin is desquamating. There are here two points of especial interest; the first, the occurrence of erysipelas after a fever; secondly, the success of the treatment. Erysipelas is more frequently a constitutional than a local disease; indeed, that belonging to the province of the physician is strictly a constitutional affection.

It often follows low fevers. As a sequela of typhus fever, it is not of rare occurrence. The tr. ferri chloridi seems to exert a very happy influence over the disease; it is the only agent that is at all specific. It may be safely pushed to the extent of thirty drops every two hours. The quinine is not given to control the disease, but merely to support the system. In very many cases it is absolutely necessary that stimulants should be exhibited boldly, in order to prevent the patient from sinking.

But what is the diagnosis of the fever that preceded this patient's entrance, and what is the prognosis as to his future. He states that he had a chill every day, followed by a febrile and a serrating stage. This points to a malarial fever, either intermittent or remittent. The gastric symptoms make it most probable that it was the latter, but it is not very material which it was. The great enlargement of the spleen confirms the idea of a malarious origin. There may be some increase in that organ in typhus and typhoid fevers, but it is never so great. He had then a low typhoid state of the system, accompanied with diarrhoea, and following a miasmatic attack. This is sometimes styled remittent typhoid fever. But it differs *in toto* from enteric fever in the absence of the peculiar abdominal lesions of that affection. The prognosis is favorable. The indications for treatment are to build up the patient and reduce the liver and spleen. Let him have the following:

R. Quinine sulph., gr. xxiv.
Acid muriat., gtt. xlvij.
Syrupi, fʒvj. M.
Sig. Half an ounce three times a day.

The tincture of iodine must be applied over his liver and spleen. If the enlargement of these organs persists after his general health mends, the iodide of potassium will be tried.

Local Paralysis.

The next patient was G. D., æt. 73, native of Philadelphia. When he awoke on the morning of January 7th, he discovered that his arm was almost powerless. He states that he had been lying on it all night. He has been subject to rheumatism for seven years. He entered the medical wards January 8th. It was remarked that in a week his arm has greatly improved. At first, the loss of sensibility, as well as of motion, was nearly total; now, the former function is almost entirely restored. There is no wasting of the muscles. The heart's action is excited and irregular, but there is not any valvular lesion. The examination of the urine shows that the kidneys are normal. Here then is a case of purely local paralysis, without cardiac or renal disease. What is its cause? The localization of it negates any suspicion of a brain lesion. It must be owing either to pressure on the nerve, or else to rheumatism, which are the most common causes of local paralysis. The popular idea of a loss of power following the lying on the arm, is not a fallacy. It is probably thus that this case has arisen. The treatment will consist in the use of stimulating liniments and galvanism. Let one pole of a battery be applied to the axillary nerve and the other to different points on the fore-arm, and also galvanize the deltoid muscle separately. There is no need of constitutional remedies. Were rheumatism the cause of this loss of power, the same local means would be indicated, but the internal administration of alkalies and colchicum would be called for.

Tympanites.

The next case was E. R., æt. 52 years, German. She entered the hospital four weeks ago, with trouble about her heart and abdomen. Three years before, she was in the medical wards for twenty-seven weeks, similarly afflicted. She left improved, but not en-

tirely well. So she has remained until lately. Her menstrual flow has been very irregular, and mostly absent for the last eleven years. During that time she has been married, but never conceived. The swelling of her abdomen appeared shortly after the first cessation of her menses. It was remarked that this woman came into the house to be treated for palpitation of the heart, difficulty of breathing, and swelling of the abdomen. The first question that arises in regard to her case is, has she ascites? The everywhere tympanitic percussion and the absence of fluctuation in her abdomen answer no. Its immense size must be owing to the intestines being distended with gas. By pushing up the diaphragm, they interfere with its action, and thus cause the dyspnoea. Auscultation shows that this and the palpitation are not owing to valvular disease. It is anæmia that incites the heart. The question presents itself, why are the intestines so filled with flatus? Because their muscular fibre has so entirely lost its tone that it no longer contracts and expels the gas. Her whole disordered condition is, without doubt, closely connected with her uterine trouble. What treatment shall she receive? Certainly, no one would administer purgatives and diuretics. There is no water to be carried off. Let her take the following:

R. Strychniæ sulph., gr. ss.
Ferri sulph., gr. xvj.
Capsici pulv., gr. iv. M.
F. pil., iij. Sig. One three times a day.

And at meal time ten drops of muriatic acid. The strychniæ is given, not only because it is a tonic, but because it has a special tendency to produce muscular contractions. If this treatment fails, wine of ergot shall be tried. The anatomical elements of the muscular coat of the uterus and intestine are so identical that it is not unreasonable to look for good in the case from an agent so powerful in acting on the uterine muscle.

SURGICAL CLINIC OF PROF. GROSS.

Reported by J. E. Owens, M. D., Resident Surgeon.

Prolapse of the Rectum.

J—H—, aged seventy-five, affected with prolapse of the rectum of nine months standing, dependent on constipation. The tumor is of large size, and consists of an invaginated condition of the lower bowel. The patient having been placed under the influence of chloroform, the bowel was reduced, and its retention assisted by means of a thick pad placed over the anus, and kept in its position by a double T bandage, the perineal bands of which were crossed in such a manner as to press at their points of intersection, upon the pad. The patient was compelled to pass the feces and urine in the recumbent posture, as the pressure exerted in this position, by the diaphragm and abdominal muscles, upon the rectum, is much less than when these discharges are effected in the ordinary manner. The bowels were opened spontaneously on the second day, and the feces kept in a soluble condition by the administration of castor oil. Defecation did not cause a reappearance of the bowel. Morphia, in half grain doses, was given to relieve pain and to render the patient quiet. An injection, of ten grains of acetate of lead in two ounces of decoction of oak-bark, was ordered three times daily. During the past three weeks the bowel has remained in its normal position, and the patient is now considered well. Feb. 25th, the patient was discharged cured; she still remains in the house. March 26th, there has been no return of the bowel.

Stricture of the Urethra.

I. T—M—, aged sixty-three. Stricture at the commencement of the membranous portion of

the urethra, of ten years' standing. The patient says that he has never had gonorrhœa. It is possible that the former may exist independently of the latter affection; yet, the cause of stricture is, in ninety-nine cases in a hundred, gonorrhœa. A small, conically-pointed catheter is passed into the bladder; this instrument having been withdrawn, one of a larger size is passed, and is to be retained by means of the double T bandage. The common silver catheter, with a moderately conical point, is the instrument best adapted to the rapid dilatation of stricture. Such an instrument is light, strong, and durable. It is often necessary to retain the instrument in the bladder, and for this reason, if for no other, the silver catheter is to be preferred to all others. The same rules are observed in performing this operation as in ordinary catheterism. The instrument must be removed at the end of forty-eight hours and cleansed, after which it must be reintroduced. The patient was ordered half a grain of morphia. Discharged Feb. 14th, cured.

2. J—H—, aged sixty. Stricture, the result of gonorrhœa, which the patient labored under sixteen or seventeen years ago, and which was treated with strong injections. The gonorrhœa continued seven months. He has frequent desire to pass his urine, which is voided from ten to twelve times in the twenty-four hours; it passes off in a very small stream, and sometimes merely dribbles away, falling at the patient's feet; sometimes five minutes are consumed in emptying the bladder. The urine occasions no scalding during its passage. The catheter being used, a very firm obstruction is met with, but it is not so far back as in the preceding case, being situated at the root of the scrotum. In performing this operation, the instrument must be kept in the direction of the raphe of the perineum, and of the median line of the abdomen. Great care must be used lest a false passage be made, as the mucous membrane, about the seat of the stricture, is usually greatly softened. After some manipulation, the instrument is passed through the stricture, lacerating it to some extent, and it is to be retained in the bladder. A stricture may be of a transient or of a permanent character. The former is the result of a spasmodic contraction of the urethra; the latter of an effusion of plastic matter into the mucous membrane and the subjacent cellular tissue. The matter becomes organized, and thus occasions a permanent or organic stricture. In this case the stricture has been broken down by the instrument which is left in, with the view of stimulating the absorbents to take up the effused lymph. The patient must be kept warm, upon a light diet, and take at once half a grain of morphia to prevent pain, irritation, and rigors, so liable to follow such an operation. March 26th, this patient was discharged, cured.

3. C—E—, aged 37; admitted Oct. 10th, 1862. During defecation, the patient, in consequence of straining, felt something give away about the urinary apparatus, and immediately after passed, as he says, "a handful of blood" from the penis. Previously to this accident, he had had gonorrhœa, which had lasted about a year. There was, after the decline of the latter affection, great difficulty experienced in urinating, accompanied with severe straining. Immediately upon passing the blood, the patient came into the ward, his scrotum being very much distended, hard, painful, and of a purplish hue. He had also chancres upon the prepuce and at the meatus. About the time of his admission he was seized with a chill. He was exhibited to the class in this condition by the Surgeon then on duty; but some doubt existed as to the nature of the swelling of the scrotum. He was put upon a supporting treatment; acetate of lead and laudanum were applied locally; the scrotum was supported by means of a suspensory bandage. The day after the patient was brought before the class, the scrotum opened a short distance below the root of the

penis, when half a pint of pus, blood and urine, was discharged. As the urine issued at this aperture, a catheter was introduced into the bladder, in order to conduct off the fluid as fast as it descended from the kidneys. The case was originally one of gonorrhœa followed by stricture. Gonorrhœa being an inflammatory affection, has resulted in an effusion of organizable lymph in the mucous and sub-mucous cellular tissues, causing a tight structure. The straining, which the patient mentions, was not required to complete the act of defecation, but to void the urine.

The effusion of blood was caused by a rupture of the urethra just behind the stricture, eventuating in infiltration of urine. This man, then, has a fistulous opening, communicating with the urethra, admitting of the passage of a considerable quantity of urine. A rupture of this kind is a very dangerous and often a fatal accident, the urine lighting up severe inflammation, rapidly terminating in gangrene of the affected parts. The indication is to get rid of the stricture. With a view of dilating the stricture as well as preventing the flow of urine through the fistulous opening, a catheter is passed through the obstruction into the bladder, the instrument being retained. A solution of acetate of lead is applied locally. March 26th, this patient's general health was very good. There is yet a small orifice through which passes a very small quantity of urine. The orifice is gradually narrowing. He still urinates through the instrument.

LONG ISLAND COLLEGE HOSPITAL, } Brooklyn. }

OBSTETRIC CLINIC OF PROF. CHAPMAN.

Reported by Student A. J. C. Sims.

Anteversion of the Uterus.

Mrs. McA., aged 56 years, married, presented herself at the College Clinic on the 25th of October last. She had had two children, but no miscarriages, was full-blooded and corpulent, and had enjoyed good health until four months ago, when her courses—regular to that time—ceased, and have not since returned. She has a yellow or semi-jaundiced complexion, tenderness in the region of the liver, gastric derangement, pain in the back extending over the hips, and a tenesmic, forcing and dragging sensation in the pelvic cavity, which is greatly increased by exercise, rendering walking difficult, and at times nearly impracticable. Formerly, during menstruation, she experienced a sensation of fullness, and had shooting pains in the breasts, and now the areola is brownish and studded with developed follicles.

On examination in the erect position, prolapsus uteri et vesicæ in the first degree was detected. The uterus was antverted, its body resting on the bladder, and its neck looking backward and downward into the hollow of the sacrum. The os uteri was patulous, and the anterior portion of the neck was more prominent, and the body of the womb more bulky than in the normal condition,—changes which were easily detected by the touch. The bladder was pressed downward by the superincumbent weight of the uterus, so that the basfond, occupying the anterior portion of the vagina, could be felt as a soft yielding tumor behind the pubic bones.

On examination with the speculum, the uterine neck was found to be enlarged and congested; the portion three-eighths of an inch broad surrounding the os uteri being of a bright red color, but the remaining part of the neck of a purplish appearance. The epithelium was no where detached, nor was there any ulceration or granulations to be seen. The anterior lip of the os was enlarged and indurated, which condition with the anteversion rendered it

difficult to bring the parts into the field of vision. An albuminous secretion was hanging from the os uteri, which was patulous, allowing us to observe that the inflammation extended into the cavity of the neck. There was no vaginal leucorrhœa.

TREATMENT.—Scarification of the os uteri, and the following prescription:—

R. Mass. pil. hydrarg., 5ss.
Pulv. aloes, gr. viij.
Saponis, gr. iij. M.
Ft. pil. viij.

Sig. Four at bed time and four the following night. The patient to use a vegetable diet.

November 3rd. Symptoms of gastric and hepatic derangement continue unrelieved.

Employed scarification, and prescribed

R. Hydrarg. chlor. mit.
Pulv. jalap. āā gr. x. M.

S. To be taken in the morning fasting.

November 13th. The gastric and hepatic complications were now much less marked. The scarification not having improved the condition of the local disease, nor mitigated the pelvic symptoms, two leeches were applied through the speculum. These bled freely at the time, and for several hours afterward, so much so, that she sensibly felt the loss of blood.

November 22nd. The congestion being much relieved by the leeching, the depletion was accomplished by scarification from this date.

December 3rd. The general health of the patient improving, and the congestion of the uterus disappearing; scarification.

December 10th. Symptoms of slight derangement of the digestive organs have returned. Repeated the prescription of blue mass and aloes, and scarified the os.

December 17th. Scarification.

December 24th. Same treatment.

January 2nd. Scarified; repeated the prescription of blue mass and aloes.

January 10th. The patient's general health is much improved; the bluish color of the neck is replaced by the normal color of the mucous membranes and the inflamed circle around the os has disappeared. The following solution was introduced into the cavity of the uterine neck.

R. Argenti nitrat. 3j.
Aque dest. f3j. M.

January 16th. Caustic application repeated.

January 24th. Same treatment.

February 7th. Caustic applied. Patient dismissed, cured.

The pain which the patient experienced in the pelvic region was caused by the anteverted uterus resting upon the bladder, this superincumbent weight pressing it downward, so that its ligaments were put upon the stretch, and the basfond, its most sensitive portion, was subjected to constant irritation.

The uterus being a movable organ adapted to a considerable change of position, as is observed in pregnancy, its prolapsus, simply, does not give rise to the same amount of suffering that is present when other pelvic organs are involved in the malposition, as for example the bladder, a fixed organ, bearing the weight of the womb increased to three or four times its natural size, is necessarily the source of great pain from its attachments being put upon the stretch. This, frequently, is the condition of things in uterine congestion; the uterus much congested and anteverted, and both the uterus and bladder forced into the vagina.

The congestion of the uterus in this case was due to the sudden cessation of the menses at the change of life; whereas the decline of this function is usually gradual, thus allowing nature to accommodate itself to this new condition of the system.

More commonly this period is marked by menorrhagia which occurring after the absence of the

menses for some months, depletes the local congestion by a natural effort. Whenever congestion, as in this case, occurs at the critical period, it should be relieved, since this state predisposes to morbid growths and malignant diseases, which often take their rise at this age. It will be observed that there was present no constitutional cause for the disease, the patient being in other respects healthy; hence no general remedies were given excepting what were required to correct the hepatic secretion.

Frequently when there is irritation of the uterus, whether from congestion, ulceration, polypus, morbid growths of any kind in the uterine cavity or walls, or pregnancy in the early months, the liver from sympathy has its function disordered. For the same reason a change in the areola of the breast and its mucous follicles takes place in all these conditions.

This change generally is not very marked, and certainly not more in the first or second months of gestation than in the diseased conditions above named. The only treatment was local depletion by leeching and scarification; the former should be used when the congestion is great, particularly when the body of the uterus is implicated; the latter is generally sufficient when the congestion is less marked or reduced by previous leeching, and for all ordinary cases of congestion or ulceration of the uterine neck. Under this treatment, without constitutional remedies, the patient improved, and then the cure was completed by applying the caustic solution to the cavity of the neck where the disease is almost sure to continue in the mucous follicles unless thus removed. This hidden inflammation cannot be radically cured by any other way, and if this precaution is neglected, the disease will most likely return.

EDITORIAL DEPARTMENT.

Reviews and Book Notices.

A Theoretical and Practical Treatise on Midwifery, INCLUDING THE DISEASES OF PREGNANCY AND PARTURITION, AND THE ATTENTIONS REQUIRED BY THE CHILD FROM BIRTH TO THE PERIOD OF WEANING. By P. CAZEAU, Member of the Imperial Academy of Medicine, Adjunct Professor in the Faculty of Medicine of Paris, etc., etc., etc. Adopted by the Superior Council of Public Instruction, and placed by ministerial decision in the rank of the Classical Works designed for the use of Midwife Students, in the Maternity Hospital of Paris. *Third American*, translated from the *Sixth French Edition*, by WM. R. BULLOCK, M. D. With 140 Illustrations, pp. 971. Philadelphia: Lindsay & Blakiston. 1863. Price \$4.00.

We regret that our space does not allow of an extended notice of this valuable work. It is one of the most systematic treatises on the subject of which it treats that we have ever met with. Its plan and scope make it well adapted to the use of the student and the practitioner. The author has availed himself of the writings of his predecessors and contemporaries of all nations, in his endeavor to produce a book in which he trusts "will be found collected all our knowledge in relation to the obstetric art." He says, "In the science of observation, a new work is necessarily enriched by the labors of all antecedent writers, and therefore its greatest merit consists in

collecting the scattered materials, and forming out of them a body of doctrine which it illustrates in the clearest and simplest manner possible." Such is the end he has endeavored to attain, and it must be admitted he has attained it in a remarkably successful manner.

The following is the plan of the work :

PART I. Treats of the *Female Organs of Generation*. It contains three chapters, one on the pelvis, and two on the organs of generation.

PART II. Treats of *Generation*. Book i., of Conception; Book ii., of Gestation. The chapter on simple uterine pregnancy contains a most elaborate and satisfactory account of the Diagnosis of Pregnancy, its rational and sensible signs, etc., etc. Book iii. treats of the Human Ovum after Fecundation. This subject is elaborately treated of in four chapters, from conception to the fetus at full term. Book iv. treats of Abnormal Pregnancies in two chapters, viz.: Twin pregnancy and extra uterine pregnancy. Book v. treats of the Pathology of Gestation in four chapters, viz.: Diseases of the pregnant woman, general considerations, displacements of the uterus, abortion, and diseases occurring during pregnancy.

PART III. Treats of *Labor in General*. Book i., of Premature and Retarded Labor; book ii., of Natural Labor at Term, in five chapters, viz.: Causes of Labor, the physiological phenomena of labor, the mechanical phenomena of labor, the necessary attentions to the woman during and after labor, the attentions to the child immediately after its birth.

PART IV. Treats of *Dystocia*. First Division: Causes of Dystocia. Book i. treats of Labors rendered Difficult, Impossible, or Dangerous, by reason of Excessive Action of the Uterine Forces. This book is in two chapters, viz.: Extreme Slowness of Labor, too Rapid Labors. Book ii. treats of Labors rendered Difficult, Impossible, or Dangerous, by obstacles opposing the ready expulsion of the Fetus. There are five chapters, as follows: Deformities of the pelvis, malformations of the vulva and vagina, tumors in the excavation, obstacles dependent on the neck or body of the womb, obstacles dependent on the fetus or its appendages. Book iii. treats of the Diseases or accidents that may complicate labor and require the intervention of art. There are five chapters, as follows: Puerperal hemorrhage, puerperal convulsions, ruptures of the uterus, rheumatism of the uterus, certain diseases that may complicate labor. Second Division: Obstetrical Operations. These are treated of in nine chapters, as follows: Version, the forceps, the lever or vectis, premature artificial delivery, the production of abortion, the effect of bleeding and a debilitating regimen upon the development of the child, symphyseotomy, the Cesarean operation, embryotomy.

PART V. Treats of the *Delivery of the After-birth*.

PART VI. Treats of the *Hygiene of Children*. Book i., of the Alimentation of Children, in three chapters, viz.: Lactation, nursing, general considerations respecting certain points relating to the hygiene of children.

An appendix treats of the use of anæsthetics in obstetrical practice.

The above outline will give a good indication of the system and plan of this excellent work. Each subject is elaborately discussed, in elegant language, and without a redundancy of words. The translator has done his part of the work well; so have the publishers. The book is printed with clear type, on the best of paper, and the illustrations are of the first order. The binding is firm and strong.

If, through our recommendation, any of our subscribers should add this work to their libraries, neither we or they will have any reason to regret it.

The Medical Student's Vade Mecum: A Compendium of Anatomy, Physiology, Chemistry, Poisons, Materia Medica, Pharmacy, Surgery, Obstetrics, Practice of Medicine, Diseases of the Skin, etc., etc. By GEORGE MENDENHALL, M. D., Professor of Obstetrics and Diseases of Women and Children, in the Medical College of Ohio, M. A. M. A., etc., etc. *Eleventh Edition*, revised and greatly enlarged, with 234 Illustrations. Duodecimo, pp. 692. Philadelphia: LINDSAY & BLAKISTON. 1863. Price \$2.00.

This belongs to a class of books which the readers of the *REPORTER* are aware has never found much favor in its columns. We believe their tendency is to encourage superficialism in medical studies. Here we have the practice of medicine and surgery and the collateral branches all condensed into a compass of less than seven hundred duodecimo pages! Of course it is not the intention of the author to have this work supersede more elaborate and complete treatises on the subjects treated upon; but with many there is great danger of that very result. Ignorant, lazy students will be tempted to rely on such manuals as this, to the exclusion of more elaborate works. The ultimate effect is to reduce the science of medicine to the level of a mere art or trade. We cannot, therefore, encourage the circulation of such works.

At the same time we do not deny that there is much information in these manuals, which even the practitioner of medicine might sometimes avail himself of, in order to refresh his memory on certain points when he has not time to examine more elaborate treatises. Certain it is, however, they are not the works resorted to by our best medical students or practitioners.

With those who use this class of works, *MENDENHALL'S Vade Mecum* has always been a favorite, and its circulation among medical students has been quite large. Its literary qualities are good, and the information given as full and complete as it is possible to condense in so small a space. It is well illustrated and neatly got up, and has, in addition, the recommendations of compactness and cheapness.

Origin of Petroleum.

Dr. J. B. EDWARDS, in the *Pharmaceutical Journal*, remarks that the flow of oil from mineral springs is by no means new, either to science or commerce. Hedrodotus has recorded that the island of Zante furnished large quantities, while Pliny and Dioscorides describe the oil obtained from Agrigentum, a small town of Sicily. The Persian springs at Bakoum have yielded to the value of 600,000 dollars annually, and the earth oil from Rangoon, in Burmah, has been exported to the extent of 400,000 hogsheads yearly. The streets of Genoa and Amiens were formerly lighted by a petroleum obtained from Parma. In 1847 a spring was discovered in Yorkshire, which was successfully worked by Mr. JAMES YOUNG, of Glasgow, until exhausted, when he turned his attention to the distillation of coal, and discovered paraffine oil. The marvelous oil-springs of the New World, however, far surpass in extent and interest all previous discoveries, and the quantities already yielded, without apparently diminishing the supply, show that this will be a most important article of commerce for some years to come.—*English Paper*.

Poisoning from Chloroform.

An unknown quantity of chloroform was swallowed as a remedy for sleeplessness, and was effectual. The patient was for several hours insensible, as though the anæsthetic had been inhaled. He then recovered his sensibility, but died under the violent re-action which ensued.—*Medical Times and Gazette*.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, MAY 9, 1863.

THE MEDICAL DEPARTMENT OF THE UNIVERSITY OF PENNSYLVANIA.

Important changes are taking place this spring in the Faculty of the Medical Department of the University of Pennsylvania. Two of its old pillars are removed, and their places are to be supplied by new ones. The removals have, of course, been voluntary. Those who have resigned are Dr. SAMUEL JACKSON, Professor of the *Institutes of Medicine*, and Dr. HUGH L. HODGE, Professor of *Obstetrics and the Diseases of Women and Children*.

The connection of these gentlemen with this venerable school is historic. They are the last links of the chain that connected the present faculty with the immediate successors of its distinguished founders. Dr. JACKSON's connection with the school dates back to 1827, when he was elected Assistant to the Professor of Practice, Institutes, and Clinical Medicine—Dr. NATHANIEL CHAPMAN. At that time Dr. PHILLIP SYNG PHYSICK, who had been associated with Dr. BENJAMIN RUSH, one of the original founders of medical teaching in America, was connected with the University. On the 6th of October, 1835, Dr. JACKSON was chosen Professor of the Institutes of Medicine, the first time in this country certainly, that this important branch was made a separate chair. This position, Dr. JACKSON has continued to fill, with great credit to himself and to the University, to this time—a period of twenty-eight years. His entire connection with the University covers a period of thirty-six years.

The first connection of Dr. HODGE with the University seems to date back to November 14th of the same year, (1835,) when he was elected to the chair that he has just vacated, as successor to the distinguished Dr. W. P. DEWEES, who was compelled to resign on account of feeble health. Dr. HODGE distinguished himself greatly as a teacher and practitioner of his branch of medicine, and his connection with the University served, like that of Dr. JACKSON, to add greatly to its popularity and prosperity as a medical school.

The places thus left vacant, have been filled by the election of FRANCIS GURNEY SMITH, M. D., to

the Chair of Institutes of Medicine, and of R. A. PENROSE, M. D., to that of Obstetrics and Diseases of Women and Children. Both these gentlemen are well and favorably known in this city as teachers in their respective departments. Dr. SMITH began his public course as a teacher of Physiology in the Philadelphia Association for Medical Instruction in 1842. This, though not a chartered institution, was quite as successful a school, pecuniarily, as most of the medical schools in the country. He held this position till 1852, when he was elected to fill the Chair of Institutes of Medicine in the Pennsylvania Medical Collège. He was a very popular and successful lecturer, and retained the position until 1859, when he resigned, soon after which, he was elected one of the attending Physicians of the Pennsylvania Hospital, which position he now holds. Dr. SMITH was for some years editor of the Medical Examiner of this city, and he is one of the authors of NEILL & SMITH's Compendium of Medicine. There are also other publications with which his name is associated.

Dr. PENROSE was for many years a popular private lecturer to very large classes on his branch, in the building of the Philadelphia School of Anatomy. There is no doubt that these gentlemen will fill their respective positions in a manner which will be at once a credit to themselves, to the positions, in which they have been preceded by men high in attainment and deserved distinction, and to the venerable seat of medical learning, which has so long stood pre-eminent on this continent.

AN EXPOSITION.

EDITOR OF MED. AND SURG. REPORTER.—A certain Dr. J. Skillen Houghton advertises gratuitous medical advice on behalf of the "Howard Association," of Philadelphia. In answer to an inquiry from one of my patients, he sends a pamphlet pretending to give a description, &c., of diseases of the genital system, and also freely communicating new remedies (so called) used by their infirmity. Not one of these remedies is to be found in any drug store or botanist's shop, neither does any work on *Materia Medica* or Botany contain the names so given. In the pamphlet, the remedies spoken of, are offered for sale at an enormous price. Is this a humbug?
VERDANT.

We are not disposed to give our correspondent credit for as much verdancy as he seems willing to

confess to in the above note. His design is evidently to give us an opportunity to expose a piece of heartless charlatanism, for he states his proposition, demonstrates it, and asks us to prove it!

We are loth to descend into the filth, mire, and pollution of quackery and *such* quackery as is referred to by our correspondent. But it is a part of our vocation. The obstetrician has, at times, very unpleasant duties to perform; the surgeon is under the necessity, occasionally, of thrusting his fingers into very dubious and uninviting cavities, of handling the gangrenous limb—nay, of operating on the reeking ulcer which is the result of indulgence in the most abominable of vices. The physician must encounter the most loathsome and contagious diseases in the most filthy localities, at great personal risk; but they are in the line of their duty, and they do not shrink from its performance.

As a public journalist, it is a part of our duty at times, to sound the note of warning in regard to some forms of quackery. The more's the pity that it should ever be necessary, but "the profession" is an indefinite noun, and represents grades of intelligence, veridancy, and ignorance, that we regret to be compelled to confess to. It would be too much to assume that among the thousands of readers of the *REPORTER*, there were none who needed enlightenment in respect to the lying representations of unscrupulous quacks. It is in this view that we notice the above communication, and not that we think the writer needs light.

Of course, the case specified by our correspondent is a humbug, and an outrageous one, too. The name of a great philanthropist, and of a worthy philanthropic association of New Orleans, have been prostituted to the basest of purposes. We have more than once exposed this wicked attempt to impose on the credulity of the public, and the medical profession owe it to the cause of morality to enlighten the community in regard to the objects it cloaks under so specious a name.

The advertisements of this fellow will be found chiefly in country newspapers. They have appeared at different times, over different names, but their object is the same, viz., to catch the eye of the ignorant and unwary, and deceive them by pretensions to philanthropy, and the possession of

remedial means unknown to others. The object, of course, is to make money. A class of complaints is chosen to which the young are especially liable, and which they would rather write than converse about, and inducements held out to apply for advice, and all under the guise of philanthropy! The whole thing is a base deception and fraud. There is no such chartered association, as that named, in Philadelphia, and whatever remedies may be employed by the pretender, who assumes to be the physician of such association, are, we venture to say, very common place, and perhaps, very inert substances.

Let our profession warn the public that any one who advertises in the newspapers to cure disease, especially that class of disorders commonly termed "private diseases," gives *prima facie* evidence of incapacity, and the chances are that he is a heartless villain. We trust that some means will be devised before long to narrow the field of operation for this class of pretenders. The loss of life, of character, and the waste of money caused by such pretensions is incredible, and it is a sad comment on the venality of the newspaper press that it is willing to lend itself to the propagation of such lewdness, hypocrisy, and imposition, as is contained in the lying advertisements with which their columns abound.

Notes and Comments.

Foreign Correspondence.

We are just in receipt of some most valuable foreign correspondence, which we hope to commence in our next issue, with the drawings and description of a new apparatus for the treatment of fractures, by Dr. APPIA, President of the Medical Society of Geneva, Switzerland.

Our correspondent is Mr. W. N. CÔTE, from whose unusually valuable communications to the *British American Journal*, we have frequently copied. We are indebted to the courtesy of Dr. ARCHIBALD HALL, of Montreal, late editor of that excellent periodical for these communications, who desired to give them the widest circulation possible in America.

We shall take measures to secure a continuance of this correspondence, and as it is probable that Mr. CÔTE will remain in Europe for at least another year, either in Germany or Edinburgh, we think

we can promise our readers an unusually rich treat in the way of intelligent communications from abroad.

Unfermented Bread.

Those of our readers who have the opportunity of visiting the Unfermented Bread Bakery at the corner of Broad and Buttonwood streets, in this city, and have not availed themselves of it, should do so, and witness the process of—we were going to say *manufacturing* it—but that would hardly be proper, as hands have nothing directly to do with it. The process is a very simple one, easily understood, and a very great improvement over the ordinary plan of making bread. The best flour is used. After being passed through two sieves, it is introduced into a globular air-tight vessel; water and salt are then added, the atmospheric air exhausted, and carbonic acid gas forced in. It is then kneaded by machinery, passed into the bake pans without being handled, put into a hot oven as soon as possible, and baked. The advantages of this bread are its purity, wholesomeness, and the absence of a ferment. We have found the bread particularly good for invalids, especially where there is a disposition to flatulence and indigestion. It is used in some of the Government and civic hospitals in this city.

There are similar establishments in New York and Boston, and our readers in those cities would be well repaid by a visit to them.

Longevity.

Philadelphia, though she may not lay claim to being so healthy a city that her citizens have to "go away to die," is undoubtedly one of the healthiest large cities in the world. Her mortality record gives evidence of this. In 1862 it was one in forty-three, or 2.32 per cent. London, whose sanitary condition approaches as nearly to perfection as that of any city in the world, had a mortality in 1860, of 2.27. We doubt whether any other city can beat the following record, taken from the death column of the *Ledger*, a popular daily paper of this city, of March 31st.

Age.		Age.	
Jacob Bergerhauser.....71 yrs.		Mary Murray.....80 yrs.	
Ethier Chestnut.....74 "		Susan Myretus.....91 "	
Sam'l H. Crawford.....73 "		Catharine Rickner.....76 "	
Aan Douglass.....110 "		Margaret Shaffer.....81 "	
Sarah Fulmer.....106 "		Henry Smith.....93 "	
Jenny Gledhill.....70 "		William Stephens.....72 "	
John C. Hoffman.....71 "		Harriet Sutfa.....75 "	

Average age of fourteen persons whose deaths were published on a single day, *eighty-one years*!

NOTICE.

The Medical Society of the State of Pennsylvania.

Will hold its Fourteenth Annual Session in Philadelphia, on the second Wednesday, 10th, of June, at 11, A. M.

J. H. SMALTZ,
J. M. STEVENSON,
Recording Secretaries.

Army and Navy News.

CONGRESSIONAL.

Appropriations.

The Act of Congress, making appropriations for the support of the army for the year ending June 30, 1864, appropriates upward of ten millions of dollars for medical and hospital purposes, without including the salaries of the medical officers. The items are as follows:—

For the Regular Army, three hundred and ninety-three thousand seven hundred dollars:

For medicines, instruments, dressings, and so forth, one hundred and thirty-five thousand dollars.

For hospital stores, bedding, and so forth, one hundred thousand dollars.

For hospital furniture and field equipments, thirty thousand dollars.

For medical books, stationery and printing, eight thousand seven hundred and fifty dollars.

For private physicians and medicines furnished by them, fifty-seven thousand five hundred dollars.

For ice, fruits, and other comforts, under Acts of August 3d, 1861, and July 5th, 1862, twenty thousand dollars.

For citizen nurses, under Act of July 5th, 1862, four thousand dollars.

For hospital clothing, fifteen thousand dollars.

For care of sick soldiers in private hospitals, eighteen thousand five hundred dollars.

For artificial limbs for soldiers and seamen, five thousand dollars.

For the Volunteer Army, nine million three hundred and ninety-five thousand dollars:

For medicines, instruments, dressings, and so forth, four millions of dollars.

For hospital stores, bedding, and so forth, three million five hundred thousand dollars.

For hospital furniture and field equipments, one million dollars.

For medical books, stationery and printing, one hundred thousand dollars.

For private physicians and medicines furnished by them, four hundred thousand dollars.

For ice, fruits, and other comforts, under Acts of August 3d, 1861, and July 5th, 1862, one hundred and seventy thousand dollars.

For citizen nurses, under Act of July 5th, 1862, one hundred thousand dollars.

For hospital clothing, eighty thousand dollars.

For artificial limbs for soldiers and seamen, forty-five thousand dollars.

Miscellaneous, fifty-six thousand five hundred dollars:

For the army medical museum, five thousand dollars.

For medicines and medical attendance for negro refugees, (commonly called contrabands,) fifty thousand dollars.

For continuing meteorological observations and tabulating the same, under the direction of the Surgeon-General, for the Regular Army, five hundred dollars.

For continuing meteorological observations, and tabulating the same, under the direction of the Surgeon-General, for the Volunteers, one thousand dollars.

There is also an item of two hundred and seventy-five thousand dollars for expenses of recruiting and transportation of recruits, which includes compensation to citizen surgeons for medical attendance.

Orders.

Medical Inspector SUMMERS has been ordered to report for duty to Assistant Surgeon-General WOOD, at St. Louis.

Dismissed.

Surgeon JAMES F. HOFFMAN, of the 105th Pennsylvania Volunteers; Assistant Surgeon JOHN W. GOODSON, 72d Ohio Volunteers; Assistant Surgeon JAMES C. BASSETT, 9th Massachusetts Volunteers.

THE HEALTH OF THE ARMY.

Important Report of Surgeon Woodward to Surgeon-General Hammond.

(Continued from page 14.)

The following statistical summary is compiled from reports which represent an annual mean strength of 281,660 men—the largest force represented in any one month being in April, 1862, in which the reports are from a mean strength of 398,626 men.

From this annual mean strength of 218,660 men, 80,081 cases of disease, and 13,434 deaths are reported, exclusive of those killed in battle, being in the ratio of 3,124 cases and 65 deaths per 1,000 of mean strength.

At first sight the number of cases will appear to many to be prodigious, and the number of deaths disproportionately small. The figures will, however, be perhaps appreciated by comparing them with the results obtained by Medical Inspector COOLIDGE, U. S. A., in his published statistical reports of the United States Army for eighteen years, from 1840 to 1852 inclusive, but excluding the years 1847 and 1848, for which statistics were not compiled, on account of the confusion of the Mexican war. During this period the average annual ratio was 2,886 cases and 26 deaths per 1,000 of mean strength. It will thus be perceived that during the exposures of the present struggle the total proportional number of cases of disease has been considerably increased, but that the increased gravity of these disorders, as indicated by the greater mortality, is much more considerable. The ratio of sickness per thousand of mean strength having increased eleven per cent., while the ratio of mortality per thousand of mean strength has increased 250 per cent.

An examination of the appended statistical table shows the prominent diseases from which our troops have suffered have been *camp fevers*, of which, under the several heads of typhus and typhoid, common, continued and remittent fevers, 74,770 cases and 5,116 deaths have been reported. *Intermittent fevers*, of which 73,002 cases and 425 deaths are recorded. Under the heads of *diarrhœa* and *dysentery* 215,632 cases and 1,128 deaths. *Catarrh affections* of the respiratory organs, 125,290 cases and 138 deaths reported under the several heads of catarrhus, catarrhus epidemics, bronchitis acuta and bronchitis chronica, to which group may be added 11,067 cases and 2,015 deaths from pneumonia; and rheumatic affections, of which 44,782 cases and 48 deaths are reported under the head of rheumatism acutus, rheumatism chronica and lumbago.

A large number of cases of *measles* are also reported, (21,671,) and it is probable that the real proportion of cases was much greater, as very many regiments are known to have suffered from the affection prior to being mustered into the service of the United States, in which case, as a general rule, no statistical report would be received at this office.

It would be premature at the present time to make any detailed remarks with regard to the peculiarities presented by these affections. It may, however, be interesting to state in a general way that all these diseases, but especially the camp fevers, the diarrhœa, and the dysentery, have been much less fatal than similar diseases have favored to the great European armies in time of war.

The same is true of the total mortality from all causes exclusive of the killed in action. It is doubted whether the armies of any European nation actually

engaged in warfare, have ever presented so small a proportionate mortality as we have been favored with.

One important cause of these fortunate results is to be found in the comparative immunity from scurvy which our troops have enjoyed. It will be perceived that only 1,322 cases and eight deaths from scurvy have been reported, being in the proportion of but five cases per thousand of mean strength, and but one death to 35,000 of mean strength.

It is true that communications received from many medical officers would induce belief in the scorbutic disposition influencing the prevailing types of disease to a much greater extent than these figures would indicate. Yet the fact that so small a number of cases have presented the symptoms of scurvy in a sufficiently marked manner to justify the Surgeon in calling them by that name, is believed to be a favorable circumstance without parallel in the history of armies.

In estimating the actual mortality produced by the war, however, it is only fair to add to these satisfactory considerations the statement that the liberal freedom with which discharges have been granted to sick and disabled soldiers has no doubt sent home many incurable patients, who would, in other armies, have swelled the mortality rates. The number of deaths which have occurred among this class of cases subsequently to their discharge from the service of the United States, cannot of course be ascertained from any official records, and it is doubtful whether it can even be satisfactorily approximated.

I have the honor to be very respectfully,

Your obedient servant,

[Signed]

J. J. WOODWARD,
Assistant Surgeon, U. S. A.

News and Miscellany.

Pension Examining Surgeons.

Pennsylvania.—Dr. D. V. STRANAHAN, Warren, C. H.

New York.—Drs. ALEXIS H. CRITTENDEN, Bath; CHARLES O. T. GILMAN, Salem; PHILANDER STEWART, Peekskill.

Massachusetts.—Dr. ALONZO CHAPIN, Winchester.

Connecticut.—Dr. B. N. CUMMINGS, New Britain.

New Jersey.—Dr. L. F. FISLER, Camelen.

Maryland.—Dr. C. H. OHR, Cumberland.

Wisconsin.—Dr. JOHN H. VIVIAN, Marshal Point.

Iowa.—Dr. P. McCLAVEN, Burlington.

Hospital Inspection.

Medical Inspector BARNES has returned to Washington from an inspection of the hospitals at Fortress Monroe, Norfolk and Suffolk.

Medical Inspector LYMAN reports to the Surgeon-General that the hospitals in New York are in excellent condition.

Deceased Rebel Prisoners.

The Medical Department statistics show the number of rebel prisoners who have died in Union hospitals since the commencement of the war, to be over five thousand.

Surgeons in General Rosecrans's Army.

It is stated that there are between five and six hundred surgeons in the Army of the Cumberland, commanded by General Rosecrans.

Answers to Correspondents.

DR. E. B., NEW JERSEY.—We would recommend you to purchase Woodward's Student's Microscope; price, \$38. For a treatise to accompany the instrument, we would advise you to have that by Carpenter at \$4, or one by Hogg at \$2.

MARRIED.

KREIDER—WALTER.—On the 7th instant, by the Rev. N. Gehr, Dr. C. L. Kreider, of Lebanon, Pa., and Miss Caroline L. Walter, of Philadelphia.

MILLINGTON—SWIFT.—On Thursday evening, the 9th inst., in this city, by Rev. L. B. Hughes, Dr. George W. Millington, of Chester county, Pa., and Miss Bettie E. Swift, of Lancaster county, Pa.

TAYLOR—PETERS.—At Trinity Chapel, N. Y., on Monday, April 6, by Rev. Morgan Dix, James T. Taylor, M.D., of Louisville, Ky., and Helen F., youngest daughter of the late John R. Peters, Esq.

WRIGHT—DELAFIELD.—At the Church of the Ascension, N. Y., on Tuesday, April 7, by Rev. J. Cotton Smith, D.D., Edward M. Wright and Catharine Floyd Delafield, daughter of Edward Delafield, M.D., all of this city.

DIED.

BURNS.—Robert Burns, Jr., elder son of Dr. Robert Burns, of Frankford Pa., on Monday morning, April 6th, 1863, aged 22 years and 5 months.

BURTON.—On the 10th inst., in Bucks county, Pa., William Burton, M.D., in the 72d year of his age.

COCK.—In New York, on Tuesday, April 7, Ann Augusta, wife of Dr. Thomas F. Cock, and daughter of Dr. Isaac Wood, in the 43d year of her age.

CRITTENDEN.—In Dover, N. J., on Monday, April 6, Mrs. Harriet Crittenden, relict of the late Dr. Ira Crittenden, in her 71st year.

REYNOLDS.—In Brooklyn, N. Y., on the evening of the 7th inst., Dr. R. Bruce Reynolds, in the 28th year of his age.

VITAL
STATISTICS.

	Philadelphia. Week ending May 2.	New York. Week ending April 23.	Boston. Week ending April 23.
Population in 1860.....	565,529	805,651	177,812
<i>Thermometer.</i>			
Highest.....	.....	.....	.....
Lowest.....	.....	38	.....
Mean.....	.....	49.5	.....
<i>Barometer.</i>			
Mean.....	.....	.....	.....
<i>Mortality.</i>			
Male.....	165	280	44
Female.....	142	237	46
Adults.....	144	227	.....
Under 15 years.....	144	.....	.....
Under 2 years.....	88	.....	.....
Total.....	300	517	90
Deaths in 100,000.....	53.04	64.17	50.61
American.....	237	352	.....
Foreign.....	58	223	.....
Negro.....	16	8	.....
<i>I.—ZYMOTIC DISEASES.</i>			
Cholera, Asiatic.....	...	...	...
Cholera Infantum.....	...	1	...
Cholera Morbus.....	...	...	...
Croup.....	5	13	5
Dysentery.....	5	4	...
Diphtheria.....	5	23	2
Erysipelas.....	1	4	1
Fever, Intermittent.....	3	4	...
Fever, Remittent.....	1	...	...
Fever, Scarlet.....	11	24	3
Fever, Typhoid.....	12	10	...
Fever, Typhus.....	3	11	...
Fever, Yellow.....	...	...	...
Hooping-cough.....	1	...	2
Influenza.....	...	...	...
Measles.....	4	9	...
Small Pox.....	8	...	...
Syphilis.....	...	...	...
Thrush.....	...	...	...
<i>II.—SPORADIC DISEASES.</i>			
Albuminuria.....	...	...	...
Apoplexy.....	2	11	...
Consumption.....	44	74	23
Convulsions.....	11	43	...
Dropsy.....	16	26	3
Gun-shot Wounds.....	...	...	...
Intemperance.....	2	...	1
Marsasmus.....	4	18	1
Pleurisy.....	...	...	...
Pneumonia.....	11	...	3
Puerperal Fever.....	2	...	...
Scrofula.....	...	...	1
Violence.....	...	41	...

MEDICAL DIRECTORY.

PENNSYLVANIA HOSPITAL, Eighth, below Spruce. Entrance on Eighth Street.

Medical Clinic on Wednesdays and Saturdays, at 10 A. M., by Dr. F. Gurney Smith.

Surgical do., at 11 A. M., by Dr. Joseph Pancoast.

MEDICAL LIBRARY OF THE PENNSYLVANIA HOSPITAL.—Open on Wednesdays and Saturdays.

PHILADELPHIA HOSPITAL, (Alms-house).—Medical Clinic on Wednesdays and Saturdays at 9½ A. M., by Dr. J. L. Ludlow. Surgical do. at 10½ A. M., by Dr. D. H. Agnew.

WILLS HOSPITAL FOR THE EYE AND LIMB.—Clinics, Wednesdays and Saturdays, at 11 A. M., by Dr. S. Littell.

HOWARD HOSPITAL, Lombard Street, between Fifteenth and Sixteenth.

Clinical Lectures daily, at 12 M., 1 and 5 P. M. Monday and Thursday.—Dr. Turnbull, at 1 P. M. Tuesday and Friday.—Dr. Darrach, at 12 M.; Dr. Klapp, at 5 P. M. Wednesday and Saturday.—Dr. Neff, at 12; Dr. Tryon, at 1; and Dr. Morehouse, at 5 P. M. Monday and Thursday.—Dr. Meigs, at 5 P. M. Tuesday and Friday.—Dr. Atkinson, at 3½ P. M.

UNIVERSITY OF PENNSYLVANIA, Ninth, above Chestnut. Surgical Clinics on Wednesdays and Saturdays, at 12½ M.

JEFFERSON MEDICAL COLLEGE, Tenth, above Walnut. Clinics on Wednesdays and Saturdays, at 12½ M.

PHILADELPHIA LYING-IN CHARITY.—Clinic for diseases of females, at "Nurse's Home," S. W. corner Eleventh and Cherry, every Wednesday and Saturday morning, at 9 o'clock by Dr. Edwin Schollfield.

Communications Received, for week ending April 15th, 1863.—(The asterisk * indicates a cash enclosure).—*Connecticut*.—Dr. W. S. C. Perkins, N. M. Tribou, 22; *Delaware*.—Dr. E. Worrel; *District of Columbia*.—Dr. W. J. Craigen; *Illinois*.—Dr. H. E. Guthrie, M. Shepherd; *Indiana*.—Dr. D. Clark; *Iowa*.—Dr. S. C. Faulkner, J. H. Smith, J. H. Russell; *Maine*.—Dr. W. C. Chamberlin, K. Wright; *Maryland*.—Dr. J. W. Emory; *Michigan*.—Dr. M. L. Meads, G. Ferguson, L. Davenport; *Missouri*.—Mr. H. P. Throop; *New Jersey*.—J. S. Cramer, W. E. Whitehead, D. B. Trimble, J. R. Stevenson, C. Hodge, D. P. Vail, G. J. Lindgren, J. L. Taylor, J. H. Wickoff, L. Hutton, L. Jameson, D. Fugate, J. H. Smith, E. J. Records, H. S. Desanges, E. Byington, C. E. Holmes, H. S. Clow, G. R. Bartholomew, J. H. Warren, W. I. Lytle, S. Gule, L. Wilbur, F. Gaunt, Mr. J. R. Smith; *New York*.—Dr. J. Swinburne, B. Goodyear, A. R. Morgan, M. E. Winchell, F. Wylie, J. D. Hopkins, T. B. Smith, W. D. Wood; Messrs. W. A. Townsend, J. Herald, Wylie & Knevals; *Ohio*.—Dr. A. C. McLaughlin, H. Senceman, H. Judy, M. L. Wilson, J. Devert, S. H. Farrington, F. Carter; *Pennsylvania*.—Dr. G. P. Tait, Wallace, F. J. Korn, E. Brobst, J. E. Miller, G. F. Horton; *Wisconsin*.—Dr. P. W. Chase. OFFICE PAYMENTS.—Dr. Levi, Dr. Stein for Dr. Bower, McClenahan, Schume, Comfort, Yeager, Stout.

Communications Received, for week ending April 22d, 1863.—(The asterisk * indicates a cash enclosure).—*Connecticut*.—Dr. N. M. Tribou; *District of Columbia*.—Dr. J. E. Herbst, J. B. Morrison, E. Cones, A. Burt; *Iowa*.—Dr. Ealy; *Kentucky*.—Dr. D. Johnson; *Maine*.—Dr. B. Bussey; *Massachusetts*.—Dr. C. Cullis, J. E. Packard, E. S. Willard, H. H. Pillsbury, Y. L. Owen; *Michigan*.—Dr. B. Hesse, J. Devert, son, G. H. Sackner; *Missouri*.—Dr. I. W. Ford; *New Hampshire*.—Dr. O. A. Woodbury; *New Jersey*.—Dr. R. S. Smith, D. P. Vail, M. L. Hoffer, J. Grimes, J. Cook, S. S. Clark, P. H. Grier; *New York*.—Dr. J. Swinburne, D. D. L. Sheldon, W. F. Carter, F. B. Abbott, H. E. Crampton, J. Vedder, L. Bauer, G. S. Bedford, S. C. Walt; *Ohio*.—Dr. J. T. Mackall, T. N. Lewis, H. Earle, W. Protzman, T. N. Lewis, W. K. Crellin, J. Beebont; *Pennsylvania*.—Dr. J. M. Dunlap, A. S. Laubach, P. M. Collins, J. H. Keeler, H. S. Jacoby, G. Ellis, J. H. Roberts; *Virginia*.—Dr. H. Fearn; *Wisconsin*.—Dr. A. E. Smith. OFFICE PAYMENTS.—Mrs. Rosenberger, Yarrow, Kendig, Snively, Norris, Polcy.

Communications Received, for the week ending April 29, 1863.—(The asterisk * indicates a cash enclosure).—*Connecticut*.—Dr. K. P. Tracy; *District of Columbia*.—Dr. A. W. Randall; *Illinois*.—Dr. M. M. Landon; *Indiana*.—Dr. Robbins & Clark; *Maine*.—Dr. A. Danforth; *Massachusetts*.—Dr. H. H. Pillsbury, V. L. Owen; *Michigan*.—Dr. A. Frank; *New Jersey*.—Dr. P. McCaffry, G. J. Janeway, J. Greenbank, S. K. Rich, L. Brown, P. H. Grier, C. M. Zehkey, S. K. Rich, C. S. Haley, D. E. Gardiner, E. B. Silver, A. Coles, J. A. Nichols, R. J. Brumagim, F. Gaunt, M. H. C. Vail, Mr. J. R. Smith; *New York*.—Dr. E. N. Chapman, C. A. Redmond, H. Lowenstein, G. S. Bedford, I. H. Abell, S. B. Smith, E. Weber, H. P. Ely, C. Lellman, J. S. Fitch, P. Vanburen, E. Guernsey, A. Leont, J. K. Andrew, H. Sheppard, A. Hedges, J. Galvan, W. C. Livingston, C. A. Budd, W. A. Weir, B. Dugan, B. J. Raphael, J. Lewis, O. H. Smith, Mr. S. D. Allen; *Ohio*.—Dr. E. B. Lee, A. E. Jenner, J. F. Capell, M. Mitchell; *Pennsylvania*.—Dr. H. W. Simons, C. Baels, J. K. Herts, E. A. Given, E. Harvey, J. R. Bucher, H. C. Wood, G. E. Chambers, E. M. Baker; *Virginia*.—Dr. J. D. Knight, J. T. Calhoun, W. C. Todd. OFFICE PAYMENTS.—Dr. Montgomery, Ely, and Carlisle.